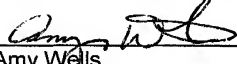
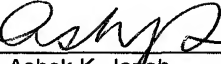


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Demos et al.	Art Unit: 2823
Application No: 10/783,748	Examiner: Nguyen, Khiem D.
Confirmation No: 7358	Attorney Docket No: 007034 USA P02/DSM/ELK/JP
Filed: February 20, 2004	Friday, December 15, 2006
Title: CLEAN PROCESS FOR AN ELECTRON BEAM SOURCE	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$450.00	\$225.00
<input type="checkbox"/> Three Months	\$1,020.00	\$510.00	
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	21	21	0	\$50.00	\$25.00	\$0.00
Independent Claims	3	3	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$0.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below or via facsimile to (571) 273-8300, or electronically filed on the date shown below.		Respectfully Submitted,	
By:  Date: <u>December 15, 2006</u> Amy Wells		By:  Date: <u>December 15, 2006</u> Ashok K. Janah Registration No. 37,487	